

REAL ESTATE APPRAISER EXAMINATIONS

LICENSURE/CERTIFICATION EXAMINATION APPLICATION

ARKANSAS

2009

Return the completed application, signed affidavits and fees to:

Arkansas Appraiser
Licensing and
Certification Board
101 East Capitol
Suite 430
Little Rock, AR
72201

This information constitutes part of the licensure/certification application process for those candidates who successfully pass the Arkansas Real Estate Appraiser Examinations and must be complete. The speed with which your licensure/certification application is processed and license/certificate is issued depends directly upon the accuracy of the information provided on this application.

1. Name: _____
(Last Name) (Jr., III, etc.)

(First Name) (Middle Name)

2. Sex: ____ Male 3. SSN: _____ 4. Birthdate: _____
____ Female (Month, Day, Year)

5. Residence: _____,
(House Number, Residence Street) (Suite/Apt)

(City) (State) (Zip Code)

6. Home Phone: () _____
Work Phone: () _____

7. Personal Mailing Address: _____
(Leave blank if same as above)

(City) (State) (Zip Code)

(County)

8. ____ Yes/ ____ No Have you ever been registered, licensed, or certified in another state as an appraiser?
If your answer is Yes, follow the directions below:
If Yes, what state or states: _____
Under what name: _____

9. ____ Yes/ ____ No Have you ever held or do you hold a state registration, appraiser license, or certification in Arkansas? If yes, give your registration, license or certification number: _____
Under what name(s): _____

10. ____ Yes/ ____ No Are you a high school graduate or holder of a GED Certificate?

11. ____ Yes/ ____ No Have you ever (1) been convicted of any criminal offense, (2) pled *nolo contendere* to any criminal offense, (3) been granted first offender treatment upon being charged with any offense?

12. ____ Yes/ ____ No Have you ever been disciplined by the Arkansas Appraiser Licensing & Certification Board or any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include but are not limited to such actions as a reprimand, a suspension, a revocation, a fine, or any restriction placed on your right to operate as a licensee.)

13. ____ Yes/ ____ No Are there any criminal charges or licensing disciplinary proceedings pending against you at this time?

(OVER)

14. I am applying for a license/certification as a ____ Arkansas Resident ____ Non-Resident

15. **TEST** (Check One) _____ State License
 _____ State Certified Residential
 _____ State Certified General

16. **TEST ADMINISTRATION:** Subsequent to the Personal Interviews or Board approval to test, applicants will be provided the appropriate information for contacting the exam administrator to individually schedule the exam.

17. FEES:

A. **\$125.00** Application Fee (*can be personal or business check made payable to the Arkansas Appraiser Licensing Board*)

B. **\$ 50.00** Upgrade Fee

B. **\$100.00** Testing fee is payable *directly* to Pearson VUE upon scheduling exam date, location, and time

20. By signing this application, I agree to the conditions contained in the Real Estate Appraiser Examination Program Candidate Information Booklet, certify that I am the person whose name and address appear on this application, and certify that all information which I have given on this application form and accompanying documents is true, correct, and complete.

Applicant's Signature

Date

REAL ESTATE APPRAISER EXAMINATIONS

AR APPRAISER EDUCATIONAL REQUIREMENTS AFFIDAVIT

(This document must be executed before a Notary Public)

Appraiser Classification *(check one):*

- | | | |
|--|---|--|
| <input type="checkbox"/> State Certified Residential Appraiser | - | 200 qualifying hours + Associate Degree |
| <input type="checkbox"/> State Certified General Appraiser | - | 300 qualifying hours + Bachelor's Degree |
-

I, *(print name)* _____, the undersigned applicant for the appraiser classification checked above, do hereby affirm that in calculating my hours of approved education I have met the minimum requirements for the classification of appraiser for which I am applying. I further affirm that such accumulated hours of education were compliant with AQB criteria.

In addition to the minimum hours of appraisal specific education required for the certification requested, I hereby affirm that I either have satisfied the applicable degree requirement or have met the semester credit hours of course work for the specified classification. I further affirm that the documentation herein submitted from each professional association, college, or educational provider listed on the reverse side of this affidavit is an original or exact duplicate of that which was received from the provider.

Witness the hand and seal of the undersigned at (city, state) _____

This the _____ day of (month) _____, 20____.

(Applicant's Signature)

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

APPRAISER APPLICANT SUMMARY OF QUALIFYING EDUCATION

M.I.

- Credit for hours of qualifying education will only be granted for courses which are pre-approved for the Board and at least 15 hours in length and required the student to pass an exam upon completion of the course. In addition to the minimum hours of appraisal education required for certification, the applicant must meet the degree pre-requisite as noted or "in lieu of" the degree, must have completed for Certified Residential 21 semester credit hours and for Certified General 30 semester credit hours of specific subject matter courses. (See listing in Candidate Information Booklet for acceptable post-secondary education courses.)

[illegible]

Subtotal Hours This Page:

Cumulative Hours:

Page ____ of ____ Pages

This form may be duplicated if additional course information is to be provided.

AR APPRAISER EDUCATIONAL REQUIREMENTS AFFIDAVIT

— State Licensed Appraiser - 150 qualifying hours

I further affirm that the documentation herein submitted from each professional association, college, or educational provider listed on the reverse side of this affidavit is an original or exact duplicate of that which was received from the provider.

Witness the hand and seal of the undersigned at (city, state) _____

This the _____ day of (month) _____, 20____.

(Applicant's Signature)

(Notary Public Signature)

State of: _____

County of: _____

My Commission expires: _____

APPRAISER APPLICANT SUMMARY OF QUALIFYING EDUCATION

Last Name

First Name

M.I.

☐ State Licensed

Credit for hours of qualifying education will only be granted for courses which are pre-approved by the Board, at least 15 hours in length and required the student to pass an exam upon completion of the course.

COURSE SUMMARY

COURSE TITLE	SCHOOL OR COURSE PROVIDER	DATE COMPLETED	TRADITIONAL OR ON-LINE	NO. OF HOURS

Total hours, at a minimum, must be 150 for Licensure

Subtotal Hours This Page:

Verification of Education

Cumulative Hours:

A copy of the applicant’s completion certificates must accompany this form stating the completed course title, name of the provider, date of completion, the number of clock hours claimed and that a final exam was required.